

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/510,119

Filing Date

10/4/2004

First Named Inventor

Linda Diehl

Art Unit

1644

Examiner Name

Gambel, Phillip

Attorney Docket Number

0470 - 045183

ENCLOSURES (Check all that apply)



Fee Transmittal Form



Fee Attached



Amendment/Reply



After Final



Affidavits/declaration(s)



Extension of Time Request



Express Abandonment Request



Information Disclosure Statement



Certified Copy of Priority Document(s)



Reply to Missing Parts/
Incomplete Application



Reply to Missing Parts
under 37 CFR 1.52 or 1.53



Drawing(s)



Licensing-related Papers



Petition



Petition to Convert to a
Provisional Application



Power of Attorney, Revocation
Change of Correspondence Address



Terminal Disclaimer



Request for Refund



CD, Number of CD(s) _____

☐ Landscape Table on CD

Remarks



After Allowance Communication to TC



Appeal Communication to Board
of Appeals and Interferences



Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)



Proprietary Information



Status Letter



Other Enclosure(s) (please identify
below):

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name

The Webb Law Firm

Signature

Printed name

William H. Logsdon

Date

January 10, 2008

Reg. No.

22,132

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature

Typed or printed name

Susette M. McCreight

Date

January 10, 2008

Doc. No.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">For FY 2008</h2>		Application Number: 10/510,119	Filing Date: 10/4/2004
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		First Named Inventor: Linda Diehl	Examiner Name: Gambel, Phillip
TOTAL AMOUNT OF PAYMENT (\$) 120.00		Art Unit: 1644	Attorney Docket: 0470 - 045183

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: _____	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity		Small Entity		Small Entity		
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fees Paid (\$)</u>
Utility	310	75	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Small Entity	
						<u>Fee (\$)</u>	<u>Fee (\$)</u>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						210	105
Multiple dependent claims						370	185
<u>Total Claims</u> <u>- 20 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>						<u>Multiple Dependent Claims</u>	
_____ - _____ = _____ x _____ = _____						<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
HP = highest number of total claims paid for, if greater than 20.						_____	_____
<u>Indep. Claims</u> <u>- 3 or HP</u> <u>Extra Claims</u> <u>Fee (\$)</u> <u>Fee Paid (\$)</u>							
_____ - _____ = _____ x _____ = _____							
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<u>Total Sheets</u>		<u>Extra Sheets</u>		<u>Number of each additional 50 or fraction thereof</u>		<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
_____ - 100 = _____		/ 50 = _____		(round up to a whole number) x _____		= _____	= _____
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)						_____	
Other (e.g., late filing surcharge): Petition for Extension of Time						\$120.00	

SUBMITTED BY			
Signature:	Registration No. (Attorney/Agent): 22,132	Telephone: 412-471-8815	
Name (Print/Type): William H. Logsdon	Date: January 10, 2008		